Book Review of Assessment in Art Therapy - Edited by Gilroy, Tipple and Brown (2012)

By Dr. Jane Burns

In this three part book of 226 pages, chapters one to six consider what art therapy assessment is, part two offers a diverse collection of seven brief clinical reports and part three presents five chapters looking at different UK and US assessment procedures. The book contains both colour and black and white illustrations and is published by Routledge at a cost of £22.99 (paperback)

I was glad to be offered the opportunity to review this book as I, like the editors, attended the Scottish Arts Therapies Forum ‘Sharing Best Practice in the Assessment in the Arts Therapies’ conference day held in Edinburgh in 2008. Sharing similar thoughts, I came away from the event concerned about the seeming ‘lack of clarity’ about the term ‘assessment’ and wondered about the common ground between the different assessment approaches that were presented. In this evidence based practice world we now inhabit it seems, perhaps more than ever, that art therapists have to articulate and justify the procedures they use in practice.

In a detailed and very well observed first chapter Andrea Gilroy, writer of the seminal text on Art Therapy, Research and Evidence Based Practice (2006), begins by offering a definition of the term assessment or ‘assidere’ from Latin meaning either ‘to sit beside’ or ‘assist in the office of judge’ – (Gilroy, 2012, p.11) two quite different interpretations which somehow encapsulate, as Gilroy states, the tension that lies at the heart of art therapy assessment debate and which are explored in this book. For this book, bravely, illustrates not only a diverse range of UK psychodynamic art therapy assessment procedures but also brings to the reader examples of more diagnostic methods used by US practitioners. I say bravely here because some UK art therapists have struggled/still struggle ‘overtly’ and
perhaps ‘covertly’ with the idea of assessing clients, largely because there has been a lack of debate in the UK literature and writing has focused on, the less familiar, diagnostic emphasis of US practice.

In this chapter Gilroy offers a helpful review the art therapy and assessment literature to date; general points of principle such as the duration of the assessment period, the availability of art materials and attitudinal indicators, the aims of assessment and suitability criteria ask some fundamental questions about the nature of art therapy assessment. Gilroy observes that within the UK the more psychodynamically orientated ‘sitting beside’ approach is generally favoured over the more diagnostic type of assessment. In the second chapter, written by Christopher Brown, the writer encourages art therapists to think about the type of intervention they offer their clients and to consider if these same clients are always fully aware of what art therapy is? Brown highlights Case’s (1998) concern that without a clearly defined assessment period it is easy for assessment and treatment to blur into some undefined intervention with no clear aims and objectives or criteria for assessing the suitability of the client. Here Brown disagrees somewhat with Case and suggests that there may be disadvantages to holding an open space for the patient to use as they wish, but suggests that the therapist must be more active during the assessment period by acknowledging the patient’s anxieties and defences. He makes a good point when he says “the patient needs to know that exploratory therapy will be disturbing and the therapist needs to know how the patient will manage being disturbed” (p.35). In discussing the meaning of the art made during the assessment, Brown usefully reminds us that we need to be clear and realistic about what an image can and cannot do during an initial meeting. As we know it takes time for clients to settle into the work and for initial fears and anxieties to abate.

In chapter three David Henley discusses his multidisciplinary approach to postmodern assessment in child art therapy. The process begins by Henley assessing his client and agreeing a set of interventions which are then taken to the multidisciplinary team for discussion and scrutiny. The aim here is to process all the ‘pieces of the puzzle’ and explore how they may or may not fit. Henley states that the team are not looking for one outcome but rather to value the meaning that each element of the puzzle throws up.
Working together with the team to understand the ‘ambiguous and undigested’ material of the child feels fresh and real, something akin to the art therapy process. Henley asks how a subjective discipline like art therapy could ever adapt tests and measurements to fit our specific assessment needs. His question strikes at the core of the assessment debate and asks us to consider how we as art therapists, with our subjective ways of knowing, engage with the more objective stance taken by those around us. While I agree with Henley’s postmodern thinking that a more subjective assessments approach, reflecting the multiple interpretations of the team, would be desirable I do wonder about the reality on the ground for lone art therapists employing procedures that ultimately have to fit with those of the much larger organisation they work for – would they have the opportunity to work in such a dynamic way?

In chapter four, Caroline Case offers her thoughts on the interactional model she and many UK art therapists use, thanks to her earlier writings (Case, 1998, 2006, 2005a). The focus of the approach is ‘on the meeting of two people in the art therapy room with the art materials’, it is here that the therapist comes to understand the interactions of the child and how these mirror other object relations. Case reviews her previous writing to date and offers two excellent clinical vignettes to illustrate her work. Both Case and Tipple write about their work with children but in Tipple’s chapter he looks at some interesting research findings using discourse analysis as a method to review case material from his assessment with Brian, a child with high functioning autism. Through very detailed analysis of the case material Tipple offers us a rare understanding of the context of the session and of the type of interactions between himself and Brian. Tipple, by doing this, provides what seems a more accurate and complete picture of Brian, one which captures more readily the subtleties and nuances of the client therapist dynamic.

In section two of the book we are treated to some fascinating case reports from therapists in the UK. Included amongst these; John McCulloch on assessing clients with intellectual disabilities and complex health needs and from Marian Liebmann, assessing adult clients referred to an inner city community mental health team. From the US, Laura Loumeau-May’s discusses her bereavement work with children and her thoughts on the need to respect her clients’ defences during the assessment in order not to re-traumatisce them.
Like UK therapists she pays close attention to the unconscious symbols and metaphors that arise in the art work, but unlike most UK therapists she employs a series of drawing tests (i.e Kinetic Tree Drawing, Rawley Silver’s Draw-A-Story and Formal Element Art Therapy Scale) to assess her grieving client’s ability to form, amongst other things, a close relationship, to understand conflict, role in the family (K-T-D test) and resilience through humour, creativity and problem solving (Rawley Sliver’s Scale). Loumeau-May is very aware that no one test can measure a person’s response to grief so she speaks of her approach being one of caution and attentiveness to each child’s unique experience.

In part three of the book further discussion is interwoven with clinical vignette examples. In this section of the book I was interested in Andrew Marshall-Tierney’s model of assessment in which he makes a comparison between Nightsea Crossing (a series of performances by Abramovic and Laysiepen) and art psychotherapy. He considers the empathetic yet distant stance required by the therapist, an approach he says facilitates unobtrusive art making while also engaging the client in conversation. He reminds us that it is not helpful for the client to sit quietly doing nothing during the assessment session and that ultimately it is the responsibility of the therapist to offer the client therapy at this stage because the ‘...mutuality of the ongoing work’ has not yet been established (p.144)

In the final chapters of the book UK art therapists Kim Thomas and Martin Cody write about the development of their Three Starting Points (3SP) method, an art based approach looking at the client’s responses to the work. The authors use standard art-based tasks with clients who have severe, complex and enduring mental health needs to introduce them to using art materials and making images. Participants actively engage in three short image making exercises and are encouraged, via these, to begin reflecting on the art work. The authors suggest that the model has two distinct functions; the first giving the client an informative subjective experience of art therapy and the second affording the therapist the opportunity to observe the client’s responses to the sequence of images. Myra Levick and Donna Betts give us a flavour of the ongoing debate within the US with regards to diagnostic tools and testing. This felt somewhat unfamiliar territory for me, but I was interested to learn from Levick about the Levick Emotional and Cognitive Art Therapy Assessment (LECATA) which measures the client’s psychopathological state against
normal emotional and cognitive development markers. Influenced by Anna Freud, Levick’s criteria are based on a correlation of the developmental lines of cognitive, artistic, psychosexual and defense mechanisms of the ego related to the client’s stage of development. Donna Betts seems to take a different stance from Levick in that she wants art therapists to recognise the importance of the subjective interpretations of the client and response of the therapist. She concludes that formal measures such as standardised tests are only of worth when they sit alongside more subjective approaches.

This review only briefly touches on a few examples from this excellent book. The richness and depth of writing brings much needed insight to an area of art therapy practice that is very complex. There are so many political (i.e national and institutional) agendas at play when we assess our clients that this book will be a real compass for those seeking to navigate their way through the assessment jungle. Part of the excellence of this book lies in the way in which it has been skilfully put together by the editors, by sitting UK and US practice side by side this book makes me think less about the pluralistic tensions, or the merits and deficits, of different ways of assessing clients and more about a continuum of assessment approaches, one that values diverse practices, helps therapists articulate the ways in which they work and most importantly provides the right platform for clients to participate (or not) in the art therapy process.

References


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**Brief biography**

Dr. Jane Burns, Lecturer in Art Psychotherapy on the MSc in Art Psychotherapy (International) course at Queen Margaret University, Edinburgh. My areas of research interest are art psychotherapy with older people and most recently communities in transition.